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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/667,383 Application Number Conf. No.: 1937 FEE TRANSMITTAL Filing Date September 23, 2003 For FY 2009 Jong Hyun YOON First Named Inventor **Examiner Name** John R. Schnurr Applicant claims small entity status. See 37 CFR 1.27 Art I Init 2421 TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. 0630-1845P METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 330 165 540 220 0 00 270 110 Design 220 110 100 0.00 50 140 70 n nn Plant 220 110 330 165 170 85 0.00 Reissue 330 165 540 270 650 325 Provisional 220 0.00 110 n 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Total Claims Extra Claims Fee Paid (\$) Fee (\$) **Multiple Dependent Claims** - 20 or HP = 0 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. ი იი Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0 HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** Fee Paid (\$) 0 / 50 = 0 (round up to a whole number) x - 100 = 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 0.00 Other (e.g., late filing surcharge): RCE 810.00 SUBMITTED BY Registration No. 40953 Signature Telephone 703-205-8000 (Attorney/Agent) Name (Print/Type) Esther H. Chong Date March 21, 2011

This collection of information is required by 37 CFR 1.136. The information is required to detain or retain a benefit by the public which is to fine fand by the USPTO be process) an explication. Confedentially in governer by 38 U.S. C. 123 and 37 CFR 1.14. The collection is estimated to that 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete its fiber mander's overgoestors for requiring this burder, should be sent to the Chief information Office. U.S. Patient and Trademark Office, U.S. Patient and Trademark Office, U.S. Patient Conference, P.O. Box 1459, Mexandrie, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission offer of Patients, P.O. Box 1459, Mexandrie, VA 22313-1450.